Functional Status Form

PATIENT: DOI: DCD Case #:

                                             Carrier Claim #:

                                     NO   YES

1. **Does the employee's work injury limit activity?**   [|]   **If NO complete Section C.   If YES go to #2.**

2. **Is this the initial visit?**   [|]   **If YES complete appropriate section(s).   If NO go to #3.**

3. **Has the functional status of the work injury changed from the prior visit?**   [|]   **If YES complete appropriate section(s).   If NO complete Section C.**

Section A

	Minutes at one time						Total hours per day								
Level	**1**		**2**	**3**	**4**	**5**	**1**		**2**		**3**		**4**		**5**
	0	1-5	5-10	10-20	20-30	30-60	>60	1	2	3	4	5	6	7	8	>8
Sit	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Stand	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Walk	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Level	1	2	3	4	5	6	7	8
Lifting (maximum pounds)	0-5	5-10	10-15	15-20	10-30	30-40	40-50	>50
Frequently (13-100 x/hr)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Occasionally (8-12 x/hr)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Rarely (1-7 x/hr)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Not at All	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Carrying (maximum pounds)	0-5	5-10	10-15	15-20	10-30	30-40	40-50	>50
Frequently (34-66%)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Occasionally (1-33%)	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Not at All	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Section B   If additional limitations are applicable please complete Section B (only check activities requiring limitations)

Level	1	2	3	4	5
Activity	Not at All	Rarely <8 x/hr or <1 hr/day	Occasionally 8-12 x/hr or 1 to 2.5 h/day	Frequently 13-100 x/hr or 2.5-5 h/day	Constantly >100 x/hr or >5 h/day
[ ] Bending	[ ]	[ ]	[ ]	[ ]	[ ]
[ ] Squatting	[ ]	[ ]	[ ]	[ ]	[ ]
[ ] Kneeling	[ ]	[ ]	[ ]	[ ]	[ ]
[ ] Crawling	[ ]	[ ]	[ ]	[ ]	[ ]
[ ] Work Above Chest Height	[ ]	[ ]	[ ]	[ ]	[ ]
[ ] Climbing Stairs	[ ]	[ ]	[ ]	[ ]	[ ]
[ ] Operating Foot Controls	[ ]	[ ]	[ ]	[ ]	[ ]

[ ] Use of the Hands	R	L	R	L	R	L	R	L	R	L
Simple Grasping	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Hard Grasping	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Fine Motor Skills	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Repetitive Activity	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

[ ] Other   _____

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Section C

Goals:

Functional Status is effective from:				to				Signature: Print Name: Phone: Date:
	mm	dd	yy		mm	dd	yy	